

ROHATSU SESSHIN REGISTRATION

December 8-14, 2024

Name		Age	
Phone	Ema	nil	
Address			
Emergency Contact:		Phone:	
ATTENDANCE			
must register for complete days.	Medical excep	ntire sesshin. If you register for less than the full seven daptions please explain on back. \Box Sun \Box Mon \Box Tue \Box Wed \Box Thu \Box Fri \Box Sat	ays you
☐ I have attended sesshin before	re. Explain:		
OVERNIGHT ACCOMMO	PATION		
☐ I request overnight accommo		ohatsu Sun □ Mon □ Tue □ Wed □ Thu □ Fri □ Sat (night a	fter)
MEPICAL			
□ I have a diagnosed medical c□ I take a medication sesshin le□ I have a doctor-diagnosed di	eaders should	•	
The menu will be vegetarian. We cater to food preferences.	e adhere to Bu	uddha's teaching of 'no picking and choosing' and are u	ıable to
ORYOKI			
During meals we will be eating ☐ I need to borrow a Zen Cente	_	ki set of bowls and utensils. I will bring my own oryoki □ I need oryoki refreshi	ng
FēēS			
□ Pledging member of AZC: □ Non-pledging member:	\$280 \$350	or \$40/day days or \$50/day days	
☐ Donation for overnight accor	nmodation		
☐ Donation to scholarship fund	l		
		TOTAL ENCLOSED	

Registration fees are due with registration by November 27. Direct scholarship inquiries to Kigetsu Ramana. You are not registered until paid. No refunds will be given.